



Iowa's Medicaid Program Updates: Traditional and Institutional Providers

Provider Services
Iowa Medicaid Enterprise



Iowa's Managed Care Organizations (MCOs)

- IA Health Link is now the name for the Iowa Medicaid managed care program
- Most current Medicaid members were enrolled in IA Health Link on **April 1, 2016**, and most new members who become eligible after April 1, 2016, will also be enrolled in IA Health Link
- DHS has contracted with three entities below:





Program Basics

- Benefits stay the same
- Eligibility stays the same (with DHS)
 - Application process stays the same (with DHS)
- Dental Services are “carved out” of MCO coverage
- Members will receive coverage through Iowa Medicaid Fee-for-Services (FFS) during their transition period, before enrolling in the managed care program
- All providers must be enrolled with Iowa Medicaid first for all locations under the provider’s tax ID



Iowa Medicaid Fee-for-Service

- The IME administers the Medicaid program for all non-MCO eligible members
- The IME is responsible for services rendered to MCO enrolled members by:
 - Dental for Medicaid members
 - Residential Care Facilities (RCF)
 - Facility only
 - MCO administers benefits for members in RCF who receive HCBS waiver services
 - Local Education Agencies (LEAs)
 - Area Education Agencies (AEAs)



Members Excluded from IA Health Link

Members Staying with Iowa Medicaid (Fee-for-Service)

- Health Insurance Premium Payment Program (HIPP)
- Medicaid Savings Program (MSP)
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Three Day Emergency
- Medically Needy (Also known as the Spend-Down program)
- Presumptive Eligibility
- Retroactive Eligibility



Newly Eligible Members Enrolling After April 1, 2016

- All new Iowa Medicaid and **hawk-i** eligible members will be considered Fee-for-Services (FFS) in their first 10-45 days of receiving eligibility
 - During this time, Iowa Medicaid will assist members and handle billing claims directly
- Iowa Medicaid Members who will be enrolling in managed care will receive their IA Health Link enrollment packet within 1-2 weeks after becoming eligible for Medicaid services
- **hawk-i** members will have the option to choose their MCO prior to enrollment in an MCO and will not be tentatively assigned. If no choice is made, the member will be randomly assigned to an MCO



MCO Assignment Process for New Members

- Newly eligible members will be tentatively assigned to an MCO in their IA Health Link enrollment packet
- Selecting an MCO
 - A **choice period end date** is listed on the MCO enrollment letter within the enrollment packet. Members must keep/change their MCO by this date for the choice to take effect the following month
 - Members will have **90 days** from the choice period end date to change their MCO for any reason
 - After the 90 days, and throughout the year, members may change their MCO for “Good Cause”
- Members will also have an annual choice period to select an MCO, based on their initial managed care enrollment date
 - If the member does not change their MCO at that time, they will remain with their previous MCO



IA Health Link Enrollment Cut-Off Dates

Choice Cut-Off Date	Effective Coverage Date
August 18, 2016	September 1, 2016
September 16, 2016	October 1, 2016
October 19, 2016	November 1, 2016
November 17, 2016	December 1, 2016
December 19, 2016	January 1, 2017

- Members who change their MCO will continue to receive MCO coverage from their current MCO until the change takes effect
- If a member changes their MCO after the cut-off date, the change will be effective at the beginning of the month after



American Indian/Alaska Native (AI/AN)

- Members that are AI/AN are not enrolled in managed care
 - AI/AN members who do not choose the AI/AN “Race Option” on their Medicaid application will be enrolled with an MCO
- To be removed from managed care, the member will need to contact the DHS Call Center
- AI/AN members may opt to participate in managed care, or may opt out and remain FFS

Refer to Informational Letter 1672-MC



Newborn Coverage

- Babies born to MCO enrolled members are automatically enrolled with the mother's MCO
- DHS needs to be notified of the newborn's birth to generate a Medicaid ID for the newborn
 - Notification from parent or guardian
 - Notification from provider
- A newborn of an MCO enrolled member is automatically enrolled with the mother's MCO after the newborn is added to the Medicaid case by the Income Maintenance Worker
 - The newborn will be assigned to the mother's MCO for the month of the birth
 - The newborn's parent/guardian will have a 90 day choice period to keep/change MCO
 - Exception: newborns not in mother's custody
- If mother is not Medicaid-eligible at the time of delivery, a parent or guardian would need to apply for Medicaid for the baby
 - Once determined eligible, the newborn would be Medicaid Fee-for-Service and go through the MCO assignment process

Refer to Informational Letter 1673-MC



Third Party Liability

- Members can call Member Services to update their insurance information, or
- Providers may complete the Insurance Questionnaire (IQ) found at <http://dhs.iowa.gov/ime/providers/forms#PAPHD> Form #470-2826
- The IQ form can be emailed to revcol@dhs.state.ia.us or faxed to 515-725-1352



Member Identification

Member Has Two Cards

1. Medicaid Card

- Member receives or continues to use Medicaid ID card for dental or fee-for-service

2. MCO Card

- MCO sends member ID card for use after MCO enrollment



*Iowa Health and Wellness Plan members have three cards, using Dental Wellness Plan card for dental services and **hawk-i** members will continue to use a separate dental card



Iowa Department of Human Services

MCO ID Cards

Amerigroup Iowa

ia health link **Amerigroup** An Amerigroup Company Effective Date: _____
Date of Birth: _____
Amerigroup #: _____

www.mymerigroup.com/IA
Amerigroup Iowa, Inc.

Member Name: _____
Medicaid Number: _____
Primary Care Provider (PCP): _____
PCP Telephone #: _____
Vision: 1-800-879-0101

Copays: Nonemergency ER Visits: \$3
No Other Copays

Member Services/Behavioral Health: 1-800-695-4441 (TTY 711)
24/7 Amerigroup On Call Nurse HelpLine: 1-866-864-2544 (TTY 711)

AmeriHealth Caritas

ia health link **AmeriHealth Caritas** Iowa

Member name: _____
Doe, John
Primary Care Provider (PCP): _____
PCP Last Name, PCP First Name
Group Name
AmeriHealth Caritas Iowa ID: 123456789
PCP phone number: 1-555-555-1234
Sex: M
DOB: MM/DD/YYYY
Effective: 00/00/0000
State ID: 1234567890123

Copays: _____
ER* PCP SPEC RX(G) RX(B)

*Inpatient may apply to dental services. See website.

UnitedHealthcare

UnitedHealthcare | Community Plan **ia health link**

Health Plan/Plan de salud (80840) 911-87726-04

Member ID/ID del Miembro: 1234567X Group/grupo: IAQHP

Member/Miembro: SUBSCRIBER M BROWN Payer ID/ID del Pagador: 87726

PCP Name/Nombre del PCP: DR. PROVIDER BROWN
PCP Phone/Teléfono del PCP: (999)999-9999

DOB: 00/00/0000

OPTUMRx™
Rx Bin: 610494
Rx Grp: ACUIA
Rx PCN: 4444

DHS14 Iowa Medicaid
Administered by UnitedHealthcare Plan of the River Valley, Inc.

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If you have questions, call Member Services at 1-800-695-4441. If you are deaf or hard of hearing, call 711.

MIEMBROS: Lleve esta tarjeta de identificación con usted siempre. Muéstrela antes de recibir cualquier servicio. No tiene que mostrar esta tarjeta antes de recibir cualquier servicio de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cualquier otro tipo de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-695-4441. Si es sordo o tiene problemas auditivos, llame al 711.

HOSPITALS: Pre-admission certification is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-695-4441.

PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization information, call 1-800-695-4441.

PHARMACIES: Submit claims using Express Scripts RXBIN: 003658, RXPCN: MA, RXGRP: WYNY. For technical help, call Express Scripts at 1-855-680-8353.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 81010 • WILMINGTON, OH 43081-0100
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.

ia health link **AmeriHealth Caritas** Iowa

PO Box 1516, Des Moines, IA 50305
www.amerhealthcaritasia.com

Always carry your AmeriHealth Caritas Iowa card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Iowa Primary Care Provider (PCP) for more information.

Emergency room: Go to an emergency room, but only when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.

*Government applies for non-emergency care to the ER. Submit your claim. Report back to your PCP within 48 hours. Member health, drug, and dental services. Call Member Services at 1-800-832-2440.

AmeriHealth Caritas Iowa
Claims Processing
P.O. Box 705, London, KY 40302

Member Services and Billing questions: 1-855-332-3440 or TTY 1-844-216-2471
Provider Services and prior authorization: 1-844-411-0579
Report Medical Fraud: 1-800-831-1364
To speak with a nurse helpline: 1-855-216-6065
Primary Member Services: 1-855-332-3440 or TTY 1-844-216-2471
Primary RXBIN: 000428
Primary RXPCN: J8790000
Primary Provider Services: 1-855-332-1612

All other insurance papers must be filed before AmeriHealth Caritas Iowa, paper of last resort.

UnitedHealthcare

En caso de emergencia, acuda a la sala de emergencia más cercana o llame al 911. In an emergency, go to the nearest emergency room or call 911. Unauthorized use of non-plan providers may result in benefits denial. www.MyUHC.com/CommunityPlan

For Members/Para Miembros: 800-454-9454 TDD 711

For Providers: www.unitedhealthcareonline.com 888-650-3462
Claims Address: P.O. Box 5220, Kingston, NY 12402-5220

For Pharmacist: 877-305-8952
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903



Out-of-State and Out-of-Network Providers

While each MCO has contracted with a number of the out-of-state providers that are currently enrolled in Medicaid, others have indicated that they will only serve members in the future through single case agreements

- **The member will never be forced to pay out-of-pocket for an enrolled Iowa Medicaid provider**
- The provider may accept the out-of-network rate from the MCO, or choose not to see the patient
- **Members can be billed from providers who are not participating with the MCOs or Medicaid**
- The provider must notify the member that the member will pay out-of-pocket prior to services, or the provider may choose not to see the patient



Prior Authorizations (PA)

- PAs with the MCOs are required on many services
- For the first year, existing PAs at the time of the member enrollment shall be honored for the **first 90 days** or as otherwise designated in the contract
- After the first year, existing PAs at the time of the member enrollment shall be honored for the **first 30 days** or as otherwise designated in the contract

Refer to Informational letter NO.1628-MC



Iowa Medicaid Wraparound Payments

- FQHCs and RHCs are reimbursed for services for Medicaid members under Medicaid Fee-for-Service (FFS) based on the greater of:
 - 100 percent of the reasonable Medicaid costs related to the encounter, or;
 - The provider-specific prospective payment system (PPS) rate as calculated in accordance with section 702 of the Benefits Improvement Act of 2000 (BIPA)
- FQHCs and RHCs are contracted with an MCO, the IME will supplement the payment from the MCO to provide reasonable cost reimbursement, as a wraparound payment

Refer to Informational Letter 1656-MC

-and-

Informational Letter 1562



Iowa Medicaid Wraparound Payments

- Providers complete the Managed Care Wraparound Payment Request, Form 470-3495
- Submitted no later than 30 days after the end of the quarter with the following information:
 - Patient Name
 - Patient Medicaid State ID Number
 - Date of Service
 - CPT Codes (each code in separate column)
 - Billed Amount
 - Amount Paid by Managed Care Organization

Refer to Informational Letter 1656-MC



Iowa Medicaid Wraparound Payments

- First quarter wraparound payment request not due until October 31, 2016

Refer to Informational Letter 1699-MC



Top Ten Claim Denial Reasons

- Exact duplicate
- Procedure/treating provider conflict
- Medicare paid amount is \$0.00
- Invalid Managed Care provider referral
- Services not covered for recipient (member ineligible)
- Invalid procedure code/modifier
- TPL on recipient file not on claim
- Missing billing provider NPI (incorrect Taxonomy or zip)
- Medicare eligible member, claim not a crossover



Clearinghouse

- Intermediaries who forward claims information from healthcare providers to insurance payers are known as *clearinghouses*
- Clearinghouses check the claim for errors and verify that it is compatible with the payer software
- Checks to make sure that the procedural and diagnosis codes being submitted are valid and that each procedure code is appropriate for the diagnosis code submitted with it
- If codes are not valid or procedure code is not appropriate for the submitted diagnosis code, the Clearinghouse will offer reports that explain the denial



Dental Wellness Plan



Dental Wellness Plan

- Comprehensive dental coverage for Iowa Health and Wellness Plan members
- MCNA Dental has joined The Dental Wellness Plan
- Previously available only through Delta Dental
- Both carriers offer the same benefits through the tiered model



Dental Wellness Plan

- As of August 1, 2016, new members began are tentatively assigned between the two dental carriers
- Current members remain with Delta Dental, but have the option to change
- Tentative assignment process follows the same process as the IA Health Link program
- Visit: www.dhs.iowa.gov/dental-wellness-plan



IME Eligibility Verification Tools

Iowa Medicaid Enterprise

- Automated Line: 1-800-338-7752 (toll free) or 515-323-9639 (locally in Des Moines)
- Provider Services: 1-800-338-7909, Monday to Friday, 7:30 a.m. to 4:30 p.m.
- Web portal: <https://ime-ediss5010.noridian.com/iowaxchange5010/>

*IME systems do not contain *hawk-i* eligibility information

*IME systems do not contain waiver eligibility



Contact Information

Iowa Medicaid Provider Services

1-800-338-7909 (toll-free)
515-256-4609 (local)
7:30 a.m. – 4:30 p.m., Monday – Friday

IMEProviderServices@dhs.state.ia.us

<http://dhs.iowa.gov/iahealthlink>

Iowa Medicaid Member Services

1-800-338-8366 (toll-free)
515-256-4606 (local)
8:00 a.m. – 5:00 p.m., Monday – Friday

IMEMemberServices@dhs.state.ia.us

<http://dhs.iowa.gov/iahealthlink>